

Fill in this information to identify your case:

Debtor 1	Divya Verma		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Lolita Doodhauth Verma		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MARYLAND		
Case number (if known)	19-14883		

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
- Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
- Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- No
- Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No
- Yes. Fill in the details.

	Debtor 1	Debtor 2		
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$10,781.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	Unknown

Debtor 1 **Divya Verma**
Debtor 2 **Lolita Doodhauth Verma**Case number (if known) **19-14883**

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2018)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$59,677.72	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$64,565.00
For the calendar year before that: (January 1 to December 31, 2017)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$54,710.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$42,105.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No
- Yes. Fill in the details.

Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
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Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

- No. Go to line 7.
- Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.
- Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Toyota Financial Services 19001 S. Western Avenue Torrance, CA 90501	Within 90 days prior to filing	\$2,100.00	\$8,000.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (if known)

19-14883

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Daniel Mangra 5813 Silk Tree Drive Riverdale, MD 20737	Within 90 days prior to filing	Unknown	Unknown	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Childcare</u>
AT&T Wireless c/o Bankruptcy 4331 Communication Drive, Flr 4W Dallas, TX 75211	Within 90 days prior to filing	\$840.00	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Utility</u>
Farmers Insurance Group 6301 Owensmouth Avenue Woodland Hills, CA 91367	Within 90 days prior to filing	\$798.50	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
MedChi Insurance Agency 1204 Maryland Avenue Baltimore, MD 21201	Within 90 days prior to filing	\$1,266.86	Unknown	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Malpractice Insurance</u>

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Daniel Mangra 5813 Silktree Drive Riverdale, MD 20737	1 year prior to filing	\$3,000.00	\$12,000.00	Loan repayment

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
				Include creditor's name

Debtor 1 **Divya Verma**
Debtor 2 **Lolita Doodhauth Verma**Case number (if known) **19-14883****Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- No
 Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Greenway East Professional Center v. Divya Verma 050200350762018	Civil	District Court for PG County 14735 Main Street Upper Marlboro, MD 20772	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Martin Gozman, et al. v. Divya Verma, et al. C08CV17000401	Foreclosure	Circuit Court for Charles County 200 Charles Street La Plata, MD 20646	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
			Exceptions to Sale Granted; Report of Sale Stricken
O'Sullivan, Brady etc. v. Divya Verma CAEF18-14025	Foreclosure	Circuit Court for Prince George's County 14735 Main Street Upper Marlboro, MD 20772	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
			Sale Ratified 11/8/18
WBGLMC v. Divya Verma, et ux. CAEF18-34103	Foreclosure	Circuit Court for Prince George's County 14735 Main Street Upper Marlboro, MD 20772	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Bankers Healthcare Group, LLC v. Divya Verma et al. CAL18-00306	Foreign Judgment	Circuit Court for Prince George's County 14735 Main Street Upper Marlboro, MD 20772	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
			Judgment entered 2/6/18
BSPLLC v. Lolita Mangra, et al. CAEF18-32402	Foreclosure	Circuit Court for Prince George's County 14735 Main Street Upper Marlboro, MD 20772	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Greenway East Professional Center v. Verma 050200149962017	Civil	District Court for PG County 14735 Main Street Upper Marlboro, MD 20772	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**
 Check all that apply and fill in the details below.

- No. Go to line 11.
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		

Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (if known) **19-14883**

Creditor Name and Address	Describe the Property	Date	Value of the property
Explain what happened			
Greenway East Professional Center c/o Kathleen M. Elmore PO Box 1473 Severna Park, MD 21146	Bank Account	3/19	\$300.00
	<input type="checkbox"/> Property was repossessed.		
	<input type="checkbox"/> Property was foreclosed.		
	<input type="checkbox"/> Property was garnished.		
	<input checked="" type="checkbox"/> Property was attached, seized or levied.		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
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12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
Big Brothers/Big Sisters 7401 Forbes Boulevard, Suite B2 Lanham, MD 20706	Household goods, furniture, toys, clothing	Previous 2 years	\$2,100.00

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
Gambling Losses	N/A	Previous year	\$1,500.00

Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (if known) **19-14883**

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
The Weiss Law Group, LLC 6404 Ivy Lane, Suite 650 Greenbelt, MD 20770 brett@BankruptcyLawMaryland.com	Attorney Fees		\$20,000.00
Evergreen Financial Counseling P.O. Box 3801 Salem, OR 97302	Credit Counseling		\$40.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Lendmark Financial Services 2080 Crain Hwy Waldorf, MD 20601		2017-18	\$2,500.00

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Person Who Received Transfer	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you GoldenEagle.com	Coins--\$16,650.00	Funds used to pay retainer to bankruptcy counsel	4/19

None

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No

Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made

Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (*if known*) **19-14883**

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- No
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
Suntrust Bank 303 Peachtree St, N.E. Atlanta, GA 30308	Debtors	Coins, value approximately \$100.00	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- No
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- No
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (*if known*) **19-14883**

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

- No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation
 No. None of the above applies. Go to Part 12.
 Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
Metrohealthcare, PC 1100 Mercantile Lane, Suite 135 Upper Marlboro, MD 20774	Healthcare	EIN: 52-2248557 From-To 2000 to present
Trinity Lake Center, LLC 9800 Ashburton Lane Bethesda, MD 20817	Real Estate	EIN: From-To 2005 to present

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
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Part 12: Sign Below

I have read the answers on this **Statement of Financial Affairs** and any attachments, and I declare under penalty of perjury that the answers
 Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 8

Debtor 1 **Divya Verma**
Debtor 2 **Lolita Doodhauth Verma**

Case number (*if known*) **19-14883**

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ **Divya Verma**
Divya Verma
Signature of Debtor 1

/s/ **Lolita Doodhauth Verma**
Lolita Doodhauth Verma
Signature of Debtor 2

Date May 8, 2019

Date May 8, 2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Divya Verma		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Lolita Doodhauth Verma		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MARYLAND		
Case number (if known)	19-14883		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 1,374,721.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 1,374,721.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 328,303.18
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 1,703,024.18

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 2,132,562.63
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 2,132,562.63
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 44,302.00
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 44,302.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 224,121.70
		Your total liabilities \$ 2,400,986.33

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ 15,726.62
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 15,726.62
5.	Schedule J: Your Expenses (Official Form 106J)	\$ 15,465.00
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 15,465.00

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (if known) **19-14883**

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	11,076.54
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9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 44,302.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 44,302.00

Fill in this information to identify your case and this filing:

Debtor 1	Divya Verma	
	First Name	Middle Name
Debtor 2	Lolita Doodhauth Verma	
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: DISTRICT OF MARYLAND		
Case number	19-14883	

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.
 Yes. Where is the property?

1.1

3306 Waterford Mill Road

Street address, if available, or other description

Bowie MD 20721-0000
 City State ZIP Code

Prince Georges

County

What is the property? Check all that apply

- Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$1,234,454.00

Current value of the portion you own?

\$1,234,454.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Tenancy by the Entireties

Check if this is community property
 (see instructions)

Who has an interest in the property? Check one

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Value per zillow.com
 (Property was previously designated as 12807 Contee Manor Road,
 Bowie, MD 20721)

Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (if known) **19-14883****If you own or have more than one, list here:**

1.2

4905 Brookwood Road

Street address, if available, or other description

Brooklyn **MD** **21225-0000**

City State ZIP Code

What is the property? Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$135,767.00

Current value of the portion you own?

\$135,767.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

Fee Simple

Check if this is community property
(see instructions)

Who has an interest in the property? Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another _____

Other information you wish to add about this item, such as local property identification number:

Value per zillow.com**If you own or have more than one, list here:**

1.3

**7525 Greenway Center Drive
Unit 202**

Street address, if available, or other description

Greenbelt **MD** **20770-0000**

City State ZIP Code

What is the property? Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Unknown

Current value of the portion you own?

Unknown

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

Check if this is community property
(see instructions)

Who has an interest in the property? Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another _____

Other information you wish to add about this item, such as local property identification number:

Titling is questionable at this point; a deed in lieu of foreclosure was signed, but never recorded.

Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (if known) **19-14883**

If you own or have more than one, list here:

1.4

Unit 16, Block 231.6

Street address, if available, or other description

Ocala **FL** **34478-0000**

City State ZIP Code

What is the property? Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$4,500.00

Current value of the portion you own?

\$4,500.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

Fee Simple

Check if this is community property (see instructions)

Who has an interest in the property? Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another _____

Other information you wish to add about this item, such as local property identification number:

Value per 2018 Assessment

If you own or have more than one, list here:

1.5

5813 Silk Tree Drive

Street address, if available, or other description

Riverdale **MD** **20737-0000**

City State ZIP Code

What is the property? Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

Unknown

Current value of the portion you own?

Unknown

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

Joint Tenant with Daniel & Barbara Mangra, tenants by the entireties

Check if this is community property (see instructions)

Who has an interest in the property? Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another _____

Other information you wish to add about this item, such as local property identification number:

Debtor is not on DOT Note

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$1,374,721.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (if known) **19-14883**

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
 Yes

3.1 Make: **Nissan**
 Model: **Pathfinder**
 Year: **2012**
 Approximate mileage: **62526**
 Other information:
Value per kbb.com

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? **Current value of the portion you own?**

\$9,048.00 **\$9,048.00**

3.2 Make: **Toyota**
 Model: **Sienna**
 Year: **2014**
 Approximate mileage: **64786**
 Other information:
Value per kbb.com

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? **Current value of the portion you own?**

\$12,397.00 **\$12,397.00**

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$21,445.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- No
 Yes. Describe.....

Household goods and furnishings, appliances, furniture, linens, china, kitchenware, etc.

\$6,000.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- No
 Yes. Describe.....

Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games, etc.

\$1,450.00

Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (if known) **19-14883**

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles, etc.

\$650.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

\$1,500.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

Firearms

\$1,075.00

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

Clothing and wearing apparel, outerwear, furs, leather coats, designer wear, shoes, accessories

\$700.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

Costume jewelry, rings, necklaces, earrings, bracelets, brooches, watches, gemstones, gold, silver

\$3,750.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$15,125.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Official Form 106A/B

Schedule A/B: Property

Current value of the

page 5

Debtor 1 **Divya Verma**
Debtor 2 **Lolita Doodhauth Verma**Case number (if known) **19-14883**portion you own?
Do not deduct secured
claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- No
 Yes.....

Cash	\$2,000.00
-------------	-------------------

17. Deposits of money*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- No
 Yes.....
- Institution name:

17.1. Checking xxx3396	Suntrust	\$7.54
	Suntrust Listed solely for disclosure purposes; account is in the name of Metrohealthcare and the debtor has signature authority.	
17.2. Checking xxx3768		Unknown
17.3. Checking xxx3850	Agriculture FCU	\$897.25
17.4. Savings xxx3850	Agriculture FCU	\$0.00
17.5. Checking xxx3550	BB&T	\$8.21
17.6. Gold Holdings 1.586g--Valued as of 4/10/19 at \$42.07/g	Goldmoney	\$66.72
17.7. Checking xxx7112	Old Line Bank	\$107.27
17.8. Checking xxx7706	Suntrust Listed solely for disclosure purposes; account is in the name of Trinity Lake LLC e and the debtor has signature authority.	\$70.00

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

- No
 Yes.....
- Institution or issuer name:

E*Trade:	\$1,445.62
SunTrust	\$24.58

Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (if known) **19-14883****19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No Yes. Give specific information about them.....

Name of entity:

% of ownership:

Trinity Lake Center, LLC	100	%	\$0.00
---------------------------------	------------	----------	---------------

Metro Health Care, PC	100	%	Unknown
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20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them. No Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account separately.

Type of account:

Institution name:

IRA	Ameritrade	\$13.96
------------	-------------------	----------------

IRA	The Entrust Group	\$202,020.58
------------	--------------------------	---------------------

IRA	The Entrust Group	\$12,500.00
------------	--------------------------	--------------------

TSP	Government Pension	\$50,000.00
------------	---------------------------	--------------------

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes..... Issuer name and description.**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

The Entrust Group (for Child 1)	\$2,659.83
--	-------------------

The Entrust Group (for Child 2)	\$2,564.82
--	-------------------

The Entrust Group (for Child 3)	\$1,217.70
--	-------------------

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No

Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (if known) **19-14883**

Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No

Yes. Describe each claim.....

35. Any financial assets you did not already list

No

Yes. Give specific information..

Debtor 1 **Divya Verma**
Debtor 2 **Lolita Doodhauth Verma**Case number (if known) **19-14883**

Coins (American silver eagles), net weight 1,000 oz. (92.5% silver=843.09896 oz pure silver) valued as of 4/10/19 @ \$15.20/oz pure silver	\$12,815.10
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Iode.com (cryptocurrency)	\$3,314.00
----------------------------------	-------------------

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$291,733.18

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- No. Go to Part 6.
 Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- No
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2	\$1,374,721.00
56. Part 2: Total vehicles, line 5	\$21,445.00
57. Part 3: Total personal and household items, line 15	\$15,125.00
58. Part 4: Total financial assets, line 36	\$291,733.18
59. Part 5: Total business-related property, line 45	\$0.00
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00
61. Part 7: Total other property not listed, line 54	+ \$0.00
62. Total personal property. Add lines 56 through 61...	\$328,303.18
	Copy personal property total
	\$328,303.18
63. Total of all property on Schedule A/B. Add line 55 + line 62	\$1,703,024.18

Fill in this information to identify your case:

Debtor 1	Divya Verma		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Lolita Doodhauth Verma		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MARYLAND		
Case number (if known)	19-14883		

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Household goods and furnishings, appliances, furniture, linens, china, kitchenware, etc. Line from <i>Schedule A/B</i> : 6.1	\$6,000.00	<input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4)
Costume jewelry, rings, necklaces, earrings, bracelets, brooches, watches, gemstones, gold, silver Line from <i>Schedule A/B</i> : 12.1	\$3,750.00	<input checked="" type="checkbox"/> \$3,750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)
Cash Line from <i>Schedule A/B</i> : 16.1	\$2,000.00	<input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)
Checking xxx3396: Suntrust Line from <i>Schedule A/B</i> : 17.1	\$7.54	<input checked="" type="checkbox"/> \$7.54 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)
Checking xxx3850: Agriculture FCU Line from <i>Schedule A/B</i> : 17.3	\$897.25	<input checked="" type="checkbox"/> \$1,036.41 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)

Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (if known)

19-14883

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Checking xxx3550: BB&T Line from <i>Schedule A/B:</i> 17.5	\$8.21	<input checked="" type="checkbox"/> \$8.21 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)
Gold Holdings 1.586g--Valued as of 4/10/19 at \$42.07/g: Goldmoney Line from <i>Schedule A/B:</i> 17.6	\$66.72	<input checked="" type="checkbox"/> \$66.72 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)
Checking xxx7112: Old Line Bank Line from <i>Schedule A/B:</i> 17.7	\$107.27	<input checked="" type="checkbox"/> \$107.27 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)
E*Trade: Line from <i>Schedule A/B:</i> 18.1	\$1,445.62	<input checked="" type="checkbox"/> \$1,445.62 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)
SunTrust Line from <i>Schedule A/B:</i> 18.2	\$24.58	<input checked="" type="checkbox"/> \$24.58 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)
IRA: Ameritrade Line from <i>Schedule A/B:</i> 21.1	\$13.96	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(h)
IRA: The Entrust Group Line from <i>Schedule A/B:</i> 21.2	\$202,020.58	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(h)
IRA: The Entrust Group Line from <i>Schedule A/B:</i> 21.3	\$12,500.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(h)
TSP: Government Pension Line from <i>Schedule A/B:</i> 21.4	\$50,000.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(h)
Coins (American silver eagles), net weight 1,000 oz. (92.5% silver=843.09896 oz pure silver) valued as of 4/10/19 @ \$15.20/oz pure silver Line from <i>Schedule A/B:</i> 35.1	\$12,815.10	<input checked="" type="checkbox"/> \$8,686.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)
Iode.com (cryptocurrency) Line from <i>Schedule A/B:</i> 35.2	\$3,314.00	<input checked="" type="checkbox"/> \$3,314.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)

Debtor 1 **Divya Verma**
Debtor 2 **Lolita Doodhauth Verma**

Case number (if known)

19-14883

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

 No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Fill in this information to identify your case:

Debtor 1	Divya Verma		
	First Name	Middle Name	Last Name
Debtor 2	Lolita Doodhauth Verma		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF MARYLAND</u>			
Case number (if known)	<u>19-14883</u>		

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Creditor's Name	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
-----	-----------------	--	--	--

2.1 **Greenway East Professional Center**

Describe the property that secures the claim: \$6,657.60 \$0.00 \$6,657.60

Unknown

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Who owes the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number _____

Debtor 1 Divya Verma First Name _____ Middle Name _____ Last Name _____	Case number (if known) 19-14883
Debtor 2 Lolita Doodhauth Verma First Name _____ Middle Name _____ Last Name _____	
2.2 Internal Revenue Service Creditor's Name Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346 Number, Street, City, State & Zip Code	
Describe the property that secures the claim: 3306 Waterford Mill Road Bowie, MD 20721 Prince Georges County Value per zillow.com (Property was previously designated as 12807 Contee Manor Road, Bowie, MD 20721)	
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	
Date debt was incurred _____	Last 4 digits of account number _____
2.3 Marion County, Florida Creditor's Name George Albright, Tax Collector PO Box 970 Ocala, FL 34478 Number, Street, City, State & Zip Code	
Describe the property that secures the claim: Unit 16, Block 231.6 Ocala, FL 34478 Marion County Value per 2018 Assessment	
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	
Date debt was incurred _____	Last 4 digits of account number 2014

Debtor 1	Divya Verma	First Name _____	Middle Name _____	Last Name _____	Case number (if known)	19-14883	
Debtor 2	Lolita Doodhauth Verma	First Name _____	Middle Name _____	Last Name _____			
2.4	Mr. Cooper	Describe the property that secures the claim: 4905 Brookwood Road Brooklyn, MD 21225 Anne Arundel County Value per zillow.com			\$82,304.03	\$135,767.00	\$0.00
Creditor's Name							
PO Box 619098 Dallas, TX 75261			As of the date you file, the claim is: Check all that apply.				
Number, Street, City, State & Zip Code			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who owes the debt? Check one.							
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____					
Check if this claim relates to a community debt							
Date debt was incurred		Last 4 digits of account number			8632		
2.5	Mr. Cooper	Describe the property that secures the claim: 4905 Brookwood Road Brooklyn, MD 21225 Anne Arundel County Value per zillow.com			\$18,982.12	\$135,767.00	\$0.00
Creditor's Name							
PO Box 619098 Dallas, TX 75261			As of the date you file, the claim is: Check all that apply.				
Number, Street, City, State & Zip Code			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who owes the debt? Check one.							
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____					
Check if this claim relates to a community debt							
Date debt was incurred		Last 4 digits of account number			4123		

Debtor 1 **Divya Verma** Case number (if known) **19-14883**

First Name	Middle Name	Last Name
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Debtor 2 **Lolita Doodhauth Verma**

First Name	Middle Name	Last Name
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2.6 Prince George's County Describe the property that secures the claim: **\$13,877.73** **\$1,234,454.00** **\$13,877.73**

Creditor's Name

**c/o Meyers, Rodbell & Rosenbaum, PA
6801 Kenilworth Avenue,
Suite 400
Riverdale, MD 20737**

Number, Street, City, State & Zip Code

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) _____

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

Date debt was incurred _____

Last 4 digits of account number _____

2.7 Prince George's County Describe the property that secures the claim: **\$7,157.77** **Unknown** **Unknown**

Creditor's Name

**c/o Meyers, Rodbell & Rosenbaum, PA
6801 Kenilworth Avenue,
Suite 400
Riverdale, MD 20737**

Number, Street, City, State & Zip Code

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) _____

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

Date debt was incurred _____

Last 4 digits of account number _____

Debtor 1	Divya Verma	First Name _____	Middle Name _____	Last Name _____	Case number (if known)	19-14883	
Debtor 2	Lolita Doodhauth Verma	First Name _____	Middle Name _____	Last Name _____			
2.8	Rushmore Loan Management	Describe the property that secures the claim: 3306 Waterford Mill Road Bowie, MD 20721 Prince Georges County Value per zillow.com (Property was previously designated as 12807 Contee Manor Road, Bowie, MD 20721)			\$1,250,000.00	\$1,234,454.00	\$15,546.00
Creditor's Name							
P.O. Box 52708 Irvine, CA 92619			As of the date you file, the claim is: Check all that apply.				
Number, Street, City, State & Zip Code			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who owes the debt? Check one.							
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____				
Check if this claim relates to a community debt							
Date debt was incurred _____			Last 4 digits of account number 1482				
2.9	State of Maryland	Describe the property that secures the claim: 3306 Waterford Mill Road Bowie, MD 20721 Prince Georges County Value per zillow.com (Property was previously designated as 12807 Contee Manor Road, Bowie, MD 20721)			\$23,682.81	\$1,234,454.00	\$23,682.81
Creditor's Name							
Comptroller of the Currency Compliance Division, Room 409 301 West Preston Street Baltimore, MD 21201			As of the date you file, the claim is: Check all that apply.				
Number, Street, City, State & Zip Code			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who owes the debt? Check one.							
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____				
Check if this claim relates to a community debt							
Date debt was incurred _____			Last 4 digits of account number 4269				

Debtor 1	Divya Verma	First Name	Middle Name	Last Name	Case number (if known)	19-14883
Debtor 2	Lolita Doodhauth Verma	First Name	Middle Name	Last Name		
2.1 0	SunTrust Mortgage	Describe the property that secures the claim: 5813 Silk Tree Drive Riverdale, MD 20737 Prince Georges County Debtor is not on DOT Note			\$509,071.00	Unknown
	Creditor's Name					Unknown
	PO Box 85526 Richmond, VA 23285	As of the date you file, the claim is: Check all that apply.				
	Number, Street, City, State & Zip Code	<input type="checkbox"/> Contingent				
		<input type="checkbox"/> Unliquidated				
		<input type="checkbox"/> Disputed				
	Who owes the debt? Check one.	Nature of lien. Check all that apply.				
	<input type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)				
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)				
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Judgment lien from a lawsuit				
	<input checked="" type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Other (including a right to offset) _____				
	<input type="checkbox"/> Check if this claim relates to a community debt					
	Date debt was incurred	Last 4 digits of account number			8904	
2.1 1	SunTrust Mortgage	Describe the property that secures the claim: 5813 Silk Tree Drive Riverdale, MD 20737 Prince Georges County Debtor is not on DOT Note			\$25,375.00	Unknown
	Creditor's Name					Unknown
	PO Box 85526 Richmond, VA 23285	As of the date you file, the claim is: Check all that apply.				
	Number, Street, City, State & Zip Code	<input type="checkbox"/> Contingent				
		<input type="checkbox"/> Unliquidated				
		<input type="checkbox"/> Disputed				
	Who owes the debt? Check one.	Nature of lien. Check all that apply.				
	<input type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)				
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)				
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Judgment lien from a lawsuit				
	<input checked="" type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Other (including a right to offset) _____				
	<input type="checkbox"/> Check if this claim relates to a community debt					
	Date debt was incurred	Last 4 digits of account number			1372	

Debtor 1 Divya Verma First Name _____ Middle Name _____ Last Name _____	Case number (if known) _____	19-14883			
Debtor 2 Lolita Doodhauth Verma First Name _____ Middle Name _____ Last Name _____					
2.1 2 Toyota Financial Services Creditor's Name _____	Describe the property that secures the claim: 2014 Toyota Sienna 64786 miles Value per kbb.com	\$9,847.99	\$12,397.00	\$0.00	
19001 S. Western Avenue Torrance, CA 90501 Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)				
Date debt was incurred _____	Last 4 digits of account number	6926			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$2,132,562.63

If this is the last page of your form, add the dollar value totals from all pages.

\$2,132,562.63

Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code BWW Law Group, LLC 6003 Executive Blvd., Suite 101 Rockville, MD 20852	On which line in Part 1 did you enter the creditor? 2.8
		Last 4 digits of account number _____

Fill in this information to identify your case:

Debtor 1	Divya Verma		
	First Name	Middle Name	Last Name
Debtor 2	Lolita Doodhauth Verma		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MARYLAND		
Case number (if known)	19-14883		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 Internal Revenue Service Priority Creditor's Name Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code	Last 4 digits of account number 4269	Unknown	Unknown
Who incurred the debt? Check one.	When was the debt incurred?		
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify Income Taxes		

Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (if known)

19-14883

2.2	State of Maryland Priority Creditor's Name Comptroller of the Currency Compliance Division, Room 409 301 West Preston Street Baltimore, MD 21201 Number Street City State Zip Code	Last 4 digits of account number 4269	\$44,302.00	\$44,302.00	\$0.00
	When was the debt incurred?				
	As of the date you file, the claim is: Check all that apply				
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	Type of PRIORITY unsecured claim:				
	<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated				
	<input type="checkbox"/> Other. Specify Income Taxes				

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim			
4.1	Bankers Healthcare Group Nonpriority Creditor's Name 201 Solar Street Syracuse, NY 13204 Number Street City State Zip Code	Last 4 digits of account number 5185	\$7,610.69		
	Who incurred the debt? Check one.				
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
	Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:			
	<input type="checkbox"/>	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Other. Specify Credit Card	

Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (if known)

19-14883

4.2	<p>Bankers Healthcare Group Nonpriority Creditor's Name 201 Solar Street Syracuse, NY 13204 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p>	Last 4 digits of account number 6049 When was the debt incurred? <p>As of the date you file, the claim is: Check all that apply</p>	\$10,841.06
<hr/> <p>4.3</p> <p>Berlin Ramos CPA Nonpriority Creditor's Name 11200 Rockville Pike, #400 Rockville, MD 20852 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Accounting Services</p>		Last 4 digits of account number 1700 When was the debt incurred? <p>As of the date you file, the claim is: Check all that apply</p>	
<hr/> <p>4.4</p> <p>CAO-Potomac Valley Orthopaedics Nonpriority Creditor's Name PO Box 99 Olney, MD 20830 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Goods and/or Services</p>		Last 4 digits of account number 6771 When was the debt incurred? <p>As of the date you file, the claim is: Check all that apply</p>	

Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (if known)

19-14883

4.5	<p>Capital One Nonpriority Creditor's Name ATTN: BANKRUPTCY / LEGAL DEPT PO Box 85167 Richmond, VA 23285-5167 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2386</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p>	\$2,829.91
4.6	<p>Chase Bank USA Nonpriority Creditor's Name Card Services PO Box 15298 Wilmington, DE 19850-5298 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5111</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p>	\$8,659.05
4.7	<p>Chase Card Services Nonpriority Creditor's Name PO Box 15298 Wilmington, DE 19850-5298 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3878</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p>	\$8,659.05

Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (if known)

19-14883

4.8	<p>Citibank N.A. Nonpriority Creditor's Name PO Box 6500 Sioux Falls, SD 57117 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6896</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card</p>	\$13,056.13
4.9	<p>Community Radiology Assoc. Nonpriority Creditor's Name P.O. Box 64939 Baltimore, MD 21264-4939 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6976</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Goods and/or Services</p>	\$315.00
4.1	<p>Daniel Mangra Nonpriority Creditor's Name 5813 Silk Tree Drive Riverdale, MD 20737 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal Loan</p>	\$12,000.00

Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (if known)

19-14883

4.1 1	<p>David Durante Nonpriority Creditor's Name 555 Hall Court Havre De Grace, MD 21078 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Computer Goods and/or Services</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 693</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	\$2,424.28
4.1 2	<p>DCH Answering SVC Nonpriority Creditor's Name 7404 Executive Place #300B Lanham, MD 20706 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Answering Service</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1116</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	\$4,258.18
4.1 3	<p>Farmers Insurance Group Nonpriority Creditor's Name 6301 Owensmouth Avenue Woodland Hills, CA 91367 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Insurance</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 9443</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	\$841.99

Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (if known)

19-14883

<div style="border: 1px solid black; padding: 2px;">4.1 4</div> <p>First Citizen Bank Nonpriority Creditor's Name 239 Fayetteville Street Raleigh, NC 27601 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u> </u> \$16,357.11</p> <p>When was the debt incurred? <u> </u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Balance after foreclosure</u></p>
<div style="border: 1px solid black; padding: 2px;">4.1 5</div> <p>First Citizens Bank & Trust Company Nonpriority Creditor's Name Attn: Bankruptcy Department PO Box 25187 Raleigh, NC 27611-5187 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Last 4 digits of account number <u>3696</u> \$4,991.48</p> <p>When was the debt incurred? <u> </u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	
<div style="border: 1px solid black; padding: 2px;">4.1 6</div> <p>Funding Circle USA, Inc. Nonpriority Creditor's Name c/o Cohn & Dussi, LLC 68 Harrison Avenue, Suite 502 Boston, MA 02111 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Last 4 digits of account number <u>3905</u> \$66,696.72</p> <p>When was the debt incurred? <u> </u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business Loan</u></p>	

Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (if known)

19-14883

<div style="border: 1px solid black; padding: 2px;">4.1 7</div> Holy Cross Hospital Nonpriority Creditor's Name 1500 Forest Glen Rd Silver Spring, MD 20910-1483 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6208 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Goods and/or Services	\$1,165.79
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<div style="border: 1px solid black; padding: 2px;">4.1 8</div> Home Depot Credit Services Nonpriority Creditor's Name Citocard Private Label PO Box 20483 Kansas City, MO 64195-0483 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0605 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$446.72
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<div style="border: 1px solid black; padding: 2px;">4.1 9</div> Macy's Nonpriority Creditor's Name Bankruptcy Processing P.O. Box 8053 Mason, OH 45040 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0600 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$300.00
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Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (if known)

19-14883

<div style="border: 1px solid black; padding: 2px;">4.2 0</div> Marlin Business Bank Nonpriority Creditor's Name 300 Fellowship Road Mount Laurel, NJ 08054 Number Street City State Zip Code	Last 4 digits of account number 5001 When was the debt incurred?	\$4,187.63
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Loan		
<hr/> <div style="border: 1px solid black; padding: 2px;">4.2 1</div> Nationwide Insurance Nonpriority Creditor's Name 1 W Nationwide Blvd Columbus, OH 43215-2226 Number Street City State Zip Code		
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Insurance <input type="checkbox"/> Yes		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<hr/> <div style="border: 1px solid black; padding: 2px;">4.2 2</div> Navy FCU Nonpriority Creditor's Name PO Box 3302 Merrifield, VA 22119-3302 Number Street City State Zip Code		
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Credit Card <input type="checkbox"/> Yes		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		

Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (if known)

19-14883

4.2 3	<p>Neiman-Marcus Nonpriority Creditor's Name PO Box 729080 Dallas, TX 75372 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Credit Card</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3916 \$7,500.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>
4.2 4	<p>PEPCO Nonpriority Creditor's Name PO Box 97274 Washington, DC 20067-2812 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Utility</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8813 \$1,302.07</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>
4.2 5	<p>Saks Fifth Avenue Nonpriority Creditor's Name 3455 Hwy 80 Jackson, MS 39209 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Credit Card</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 9983 \$3,878.41</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>

Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (if known)

19-14883

<div style="border: 1px solid black; padding: 2px;">4.2 6</div> <p>Suntrust Bank Nonpriority Creditor's Name 303 Peachtree St, N.E. Atlanta, GA 30308 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 4337 \$3,376.65</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card</p>
<hr/> <div style="border: 1px solid black; padding: 2px;">4.2 7</div> <p>Suntrust Bank Nonpriority Creditor's Name 303 Peachtree St, N.E. Atlanta, GA 30308 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Last 4 digits of account number 0568 \$4,785.30</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card</p>	
<hr/> <div style="border: 1px solid black; padding: 2px;">4.2 8</div> <p>Target National Bank Nonpriority Creditor's Name PO Box 673 Minneapolis, MN 55440-0673 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Last 4 digits of account number 8411 \$4,000.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card</p>	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (if known)

19-14883

Name and Address Advanced Recovery Systems PO Box 80766 Valley Forge, PA 19484	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.20 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Capital Collection Management 115 Solar Street, #100 Syracuse, NY 13204	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Capital Collection Management 115 Solar Street, #100 Syracuse, NY 13204	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.2 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Credit Collection Services 2 Wells Ave Newton, MA 02459-3210	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.21 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Credit Collection Services 2 Wells Ave Newton, MA 02459-3210	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.13 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address JP Recovery PO Box 16749 Rocky River, OH 44116-0749	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.17 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address McCabe, Weisberg & Conway LLC 312 Marshall Ave Suite 800 Laurel, MD 20707	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.14 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address McCarthy, Burgess & Wolff 26000 Cannon Rd. Bedford, OH 44146	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.24 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Nationwide Credit, Inc. PO Box 14581 Des Moines, IA 50306	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.6 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Radius Global Solutions PO Box 390905 Minneapolis, MN 55439	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.8 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6b. Taxes and certain other debts you owe the government	Total Claim
			\$ 0.00
			\$ 44,302.00

Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (if known) **19-14883**

6c.	Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ 0.00
6e.	Total Priority. Add lines 6a through 6d.	6e. \$ 44,302.00
6f.	Student loans	6f. \$ 0.00
6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
6h.	Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ 224,121.70
6j.	Total Nonpriority. Add lines 6f through 6i.	6j. \$ 224,121.70

Total
claims
from Part 2

Fill in this information to identify your case:

Debtor 1	Divya Verma		
	First Name	Middle Name	Last Name
Debtor 2	Lolita Doodhauth Verma		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MARYLAND		
Case number (if known)	19-14883		

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. **Do you have any executory contracts or unexpired leases?**
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
2. **List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Bonnie Williams 4905 Brookwood Road, Apt. A Brooklyn, MD 21225	Residential Lease
2.2 Reynolds Team 14399 Penrose Place, #300 Chantilly, VA 20151	Listing Agreement
2.3 Shirley Herbert 4905 Brookwood Road, #2 Brooklyn, MD 21225	Residential Lease

Fill in this information to identify your case:

Debtor 1	Divya Verma		
	First Name	Middle Name	Last Name
Debtor 2	Lolita Doodhauth Verma		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MARYLAND		
Case number (if known)	19-14883		

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1 **Daniel & Barbara Mangra**
5813 Silk Tree Drive
Riverdale, MD 20737

Schedule D, line 2.10
 Schedule E/F, line _____
 Schedule G _____
SunTrust Mortgage

3.2 **Daniel & Barbara Mangra**
5813 Silk Tree Drive
Riverdale, MD 20737

Schedule D, line 2.11
 Schedule E/F, line _____
 Schedule G _____
SunTrust Mortgage

3.3 **Metro Health Care, PC**
7525 Greenway Center Drive, #202
Greenbelt, MD 20770

Schedule D, line _____
 Schedule E/F, line 4.16
 Schedule G _____
Funding Circle USA, Inc.

Debtor 1 **Divya Verma**
Lolita Doodhauth Verma

Case number (if known) **19-14883**

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

- 3.4 **Metro Health Care, PC**
7525 Greenway Center Drive, #202
Greenbelt, MD 20770
- Schedule D, line _____
 Schedule E/F, line **4.12**
 Schedule G _____
DCH Answering SVC
-
- 3.5 **Metro Health Care, PC**
7525 Greenway Center Drive, #202
Greenbelt, MD 20770
- Schedule D, line _____
 Schedule E/F, line **4.24**
 Schedule G _____
PEPCO
-
- 3.6 **Metro Health Care, PC**
7525 Greenway Center Drive, #202
Greenbelt, MD 20770
- Schedule D, line _____
 Schedule E/F, line **4.1**
 Schedule G _____
Bankers Healthcare Group
-
- 3.7 **Metro Health Care, PC**
7525 Greenway Center Drive, #202
Greenbelt, MD 20770
- Schedule D, line _____
 Schedule E/F, line **4.2**
 Schedule G _____
Bankers Healthcare Group
-
- 3.8 **Metro Health Care, PC**
7525 Greenway Center Drive, #202
Greenbelt, MD 20770
- Schedule D, line _____
 Schedule E/F, line **4.3**
 Schedule G _____
Berlin Ramos CPA
-
- 3.9 **Metro Health Care, PC**
7525 Greenway Center Drive, #202
Greenbelt, MD 20770
- Schedule D, line _____
 Schedule E/F, line **4.11**
 Schedule G _____
David Durante
-
- 3.10 **Metro Health Care, PC**
7525 Greenway Center Drive, #202
Greenbelt, MD 20770
- Schedule D, line _____
 Schedule E/F, line **4.20**
 Schedule G _____
Marlin Business Bank
-

Fill in this information to identify your case:

Debtor 1	Divya Verma
Debtor 2 (Spouse, if filing)	Lolita Doodhauth Verma
United States Bankruptcy Court for the:	DISTRICT OF MARYLAND
Case number (if known)	19-14883

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: | Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	Physician	Management Assistant
Employer's name	Metro Health Care, PC	USDA ARS
Employer's address	1100 Mercantile Lane, Suite 1355 Upper Marlboro, MD 20774	PO Box 60000 New Orleans, LA 70160

How long employed there? **1999 to present**

Part 2: | Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 0.00	\$ 5,759.87
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ 0.00
4. Calculate gross Income. Add line 2 + line 3.	4. \$ 0.00	\$ 5,759.87

Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (if known)

19-14883

Copy line 4 here	For Debtor 1	For Debtor 2 or non-filing spouse
4.	\$ 0.00	\$ 5,759.87
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 659.95
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 46.09
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 287.99
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 493.22
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: _____	5h.+ \$ 0.00	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.		
6.	\$ 0.00	\$ 1,487.25
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.		
7.	\$ 0.00	\$ 4,272.62
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 1,454.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: <u>Approx. Net Income from Practice</u>	8h.+ \$ 10,000.00	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.		
9.	\$ 10,000.00	\$ 1,454.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		
10.	\$ 10,000.00	+ \$ 5,726.62 = \$ 15,726.62
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		
11.	+\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies		
12.	\$ 15,726.62	
Combined monthly income		
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	Divya Verma
Debtor 2	Lolita Doodhauth Verma
(Spouse, if filing)	
United States Bankruptcy Court for the:	DISTRICT OF MARYLAND
Case number	19-14883
(If known)	

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes.

Fill out this information for
each dependent.....

Do not state the
dependents names.

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

Daughter

3

No

Yes

No

Yes

No

Yes

Son

4

No

Yes

No

Yes

No

Yes

Son

8

No

Yes

No

<p

Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (if known) **19-14883**

6. Utilities:

- 6a. Electricity, heat, natural gas
 6b. Water, sewer, garbage collection
 6c. Telephone, cell phone, Internet, satellite, and cable services
 6d. Other. Specify: **Security Solar**

6a.	\$	300.00
6b.	\$	75.00
6c.	\$	500.00
6d.	\$	15.00
	\$	200.00
7.	\$	1,800.00
8.	\$	1,200.00
9.	\$	200.00
10.	\$	150.00
11.	\$	250.00
12.	\$	350.00
13.	\$	200.00
14.	\$	20.00

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

- 15a. Life insurance
 15b. Health insurance
 15c. Vehicle insurance
 15d. Other insurance. Specify: **Malpractice Insurance**

15a.	\$	0.00
15b.	\$	0.00
15c.	\$	266.00
15d.	\$	917.00

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.
Specify:

16. \$ **0.00**

17. Installment or lease payments:

- 17a. Car payments for Vehicle 1
 17b. Car payments for Vehicle 2
 17c. Other. Specify:
 17d. Other. Specify:

17a.	\$	0.00
17b.	\$	700.00
17c.	\$	0.00
17d.	\$	0.00

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

18. \$ **500.00**

19. Other payments you make to support others who do not live with you.

19. \$ **0.00**

Specify:

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

- 20a. Mortgages on other property
 20b. Real estate taxes
 20c. Property, homeowner's, or renter's insurance
 20d. Maintenance, repair, and upkeep expenses
 20e. Homeowner's association or condominium dues

20a.	\$	949.00
20b.	\$	150.00
20c.	\$	40.00
20d.	\$	200.00
20e.	\$	0.00

21. Other: Specify: **tobacco**

21. +\$ **300.00**

22. Calculate your monthly expenses

- 22a. Add lines 4 through 21.
 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2
 22c. Add line 22a and 22b. The result is your monthly expenses.

\$ 15,465.00
\$
\$ 15,465.00

23. Calculate your monthly net income.

- 23a. Copy line 12 (your combined monthly income) from Schedule I.
 23b. Copy your monthly expenses from line 22c above.

23a. \$ **15,726.62**
 23b. -\$ **15,465.00**

- 23c. Subtract your monthly expenses from your monthly income.
 The result is your monthly net income.

23c. \$ **261.62**

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: _____

Fill in this information to identify your case:

Debtor 1	Divya Verma	
	First Name	Middle Name
Debtor 2	Lolita Doodhauth Verma	
(Spouse if, filing)	First Name	Middle Name
United States Bankruptcy Court for the:	DISTRICT OF MARYLAND	
Case number (if known)	19-14883	

Check if this is an amended filing

Official Form 106Dec**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.


Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Divya Verma

Divya Verma

Signature of Debtor 1

Date May 8, 2019

X /s/ Lolita Doodhauth Verma

Lolita Doodhauth Verma

Signature of Debtor 2

Date May 8, 2019

**United States Bankruptcy Court
District of Maryland**

In re **Divya Verma**
Lolita Doodhauth Verma

Debtor(s)

Case No. **19-14883**
Chapter **11**

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: May 8, 2019

/s/ Divya Verma
Divya Verma
Signature of Debtor

Date: May 8, 2019

/s/ Lolita Doodhauth Verma
Lolita Doodhauth Verma
Signature of Debtor

Internal Revenue Service
Centralized Insolvency Operation
PO Box 7346
Philadelphia, PA 19101-7346

State of Maryland
Comptroller of the Currency
Compliance Division, Room 409
301 West Preston Street
Baltimore, MD 21201

Experian
PO Box 4500
Allen, TX 75013

Chex System, Inc.
Attn: Consumer Relations
7805 Hudson Road, Suite 100
Saint Paul, MN 55125

Advanced Recovery Systems
PO Box 80766
Valley Forge, PA 19484

Bankers Healthcare Group
201 Solar Street
Syracuse, NY 13204

Berlin Ramos CPA
11200 Rockville Pike, #400
Rockville, MD 20852

Bonnie Williams
4905 Brookwood Road, Apt. A
Brooklyn, MD 21225

BWW Law Group, LLC
6003 Executive Blvd., Suite 101
Rockville, MD 20852

CAO-Potomac Valley Orthopaedics
PO Box 99
Olney, MD 20830

Capital Collection Management
115 Solar Street, #100
Syracuse, NY 13204

Capital One
ATTN: BANKRUPTCY / LEGAL DEPT
PO Box 85167
Richmond, VA 23285-5167

Chase Bank USA
Card Services
PO Box 15298
Wilmington, DE 19850-5298

Chase Card Services
PO Box 15298
Wilmington, DE 19850-5298

Citibank N.A.
PO Box 6500
Sioux Falls, SD 57117

Community Radiology Assoc.
P.O. Box 64939
Baltimore, MD 21264-4939

Credit Collection Services
2 Wells Ave
Newton, MA 02459-3210

Daniel & Barbara Mangra
5813 Silk Tree Drive
Riverdale, MD 20737

Daniel Mangra
5813 Silk Tree Drive
Riverdale, MD 20737

David Durante
555 Hall Court
Havre De Grace, MD 21078

DCH Answering SVC
7404 Executive Place #300B
Lanham, MD 20706

Farmers Insurance Group
6301 Owensmouth Avenue
Woodland Hills, CA 91367

First Citizen Bank
239 Fayetteville Street
Raleigh, NC 27601

First Citizens Bank & Trust Company
Attn: Bankruptcy Department
PO Box 25187
Raleigh, NC 27611-5187

Funding Circle USA, Inc.
c/o Cohn & Dussi, LLC
68 Harrison Avenue, Suite 502
Boston, MA 02111

Greenway East Professional Center
c/o Kathleen M. Elmore
PO Box 1473
Severna Park, MD 21146

Holy Cross Hospital
1500 Forest Glen Rd
Silver Spring, MD 20910-1483

Home Depot Credit Services
Citicard Private Label
PO Box 20483
Kansas City, MO 64195-0483

JP Recovery
PO Box 16749
Rocky River, OH 44116-0749

Macy's
Bankruptcy Processing
P.O. Box 8053
Mason, OH 45040

Marion County, Florida
George Albright, Tax Collector
PO Box 970
Ocala, FL 34478

Marlin Business Bank
300 Fellowship Road
Mount Laurel, NJ 08054

McCabe, Weisberg & Conway LLC
312 Marshall Ave Suite 800
Laurel, MD 20707

McCarthy, Burgess & Wolff
26000 Cannon Rd.
Bedford, OH 44146

Metro Health Care, PC
7525 Greenway Center Drive, #202
Greenbelt, MD 20770

Mr. Cooper
PO Box 619098
Dallas, TX 75261

Nationwide Credit, Inc.
PO Box 14581
Des Moines, IA 50306

Nationwide Insurance
1 W Nationwide Blvd
Columbus, OH 43215-2226

Navy FCU
PO Box 3302
Merrifield, VA 22119-3302

Neiman-Marcus
PO Box 729080
Dallas, TX 75372

PEPCO
PO Box 97274
Washington, DC 20067-2812

Prince George's County
c/o Meyers, Robbell & Rosenbaum, PA
6801 Kenilworth Avenue, Suite 400
Riverdale, MD 20737

Radius Global Solutions
PO Box 390905
Minneapolis, MN 55439

Reynolds Team
14399 Penrose Place, #300
Chantilly, VA 20151

Rushmore Loan Management
P.O. Box 52708
Irvine, CA 92619

Saks Fifth Avenue
3455 Hwy 80
Jackson, MS 39209

Sandy Spring Bank
17801 Georgia Ave
Olney, MD 20832-2233

Shirley Herbert
4905 Brookwood Road, #2
Brooklyn, MD 21225

Suntrust Bank
303 Peachtree St, N.E.
Atlanta, GA 30308

SunTrust Mortgage
PO Box 85526
Richmond, VA 23285

Target National Bank
PO Box 673
Minneapolis, MN 55440-0673

Toyota Financial Services
19001 S. Western Avenue
Torrance, CA 90501

Fill in this information to identify your case:

Debtor 1	Divya Verma		
	First Name	Middle Name	Last Name
Debtor 2	Lolita Doodhauth Verma		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MARYLAND		
Case number (if known)	19-14883		

Check if this is an amended filing

B 104

For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an insider. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.

	Unsecured claim		
1	What is the nature of the claim?	3306 Waterford Mill Road Bowie, MD 20721 Prince Georges County Value per zillow.com (Property was previously designated as 12807 Contee Manor Road,	\$ \$185,485.08
Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346		As of the date you file, the claim is: Check all that apply	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<input checked="" type="checkbox"/> None of the above apply	
Does the creditor have a lien on your property?			
<input type="checkbox"/> No			
<input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured) Value of security: Unsecured claim		\$ \$185,485.08 - \$ \$1,234,454.00 \$ \$185,485.08	
2	What is the nature of the claim?	Business Loan	\$ \$66,696.72
Funding Circle USA, Inc. c/o Cohn & Dussi, LLC 68 Harrison Avenue, Suite 502 Boston, MA 02111		As of the date you file, the claim is: Check all that apply	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	

Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (if known) **19-14883**

- Disputed
 None of the above apply

Does the creditor have a lien on your property?

- No
 Yes. Total claim (secured and unsecured) \$ _____
 Value of security: \$ _____
 Unsecured claim \$ _____

3

State of Maryland
Comptroller of the Currency
Compliance Division, Room 409
301 West Preston Street
Baltimore, MD 21201

What is the nature of the claim? Income Taxes \$ \$44,302.00

- As of the date you file, the claim is:** Check all that apply
 Contingent
 Unliquidated
 Disputed
 None of the above apply

Does the creditor have a lien on your property?

- No
 Yes. Total claim (secured and unsecured) \$ _____
 Value of security: \$ _____
 Unsecured claim \$ _____

4

Navy FCU
PO Box 3302
Merrifield, VA 22119-3302

What is the nature of the claim? Credit Card \$ \$23,686.59

- As of the date you file, the claim is:** Check all that apply
 Contingent
 Unliquidated
 Disputed
 None of the above apply

Does the creditor have a lien on your property?

- No
 Yes. Total claim (secured and unsecured) \$ _____
 Value of security: \$ _____
 Unsecured claim \$ _____

5

What is the nature of the claim? 3306 Waterford Mill \$ \$23,682.81

Road Bowie, MD
20721 Prince Georges
County
Value per zillow.com
(Property was
previously designated
as 12807 Conte
Manor Road,

State of Maryland
Comptroller of the Currency
Compliance Division, Room 409
301 West Preston Street
Baltimore, MD 21201

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
 None of the above apply

Debtor 1 Divya Verma
 Debtor 2 Lolita Doodhauth Verma

Case number (if known) 19-14883

Does the creditor have a lien on your property?

- | | | |
|-------------------------------------|--|--------------------------|
| <input type="checkbox"/> | No | |
| <input checked="" type="checkbox"/> | Yes. Total claim (secured and unsecured) | \$ <u>23,682.81</u> |
| | Value of security: | - \$ <u>1,234,454.00</u> |
| | Unsecured claim | \$ <u>23,682.81</u> |

6

First Citizen Bank
239 Fayetteville Street
Raleigh, NC 27601

What is the nature of the claim?	Balance after foreclosure	\$ \$16,357.11
---	--------------------------------------	-----------------------

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Does the creditor have a lien on your property?

- | | | |
|-------------------------------------|--|------------|
| <input checked="" type="checkbox"/> | No | |
| <input type="checkbox"/> | Yes. Total claim (secured and unsecured) | \$ _____ |
| | Value of security: | - \$ _____ |
| | Unsecured claim | \$ _____ |

7

Rushmore Loan Management
P.O. Box 52708
Irvine, CA 92619

What is the nature of the claim?	3306 Waterford Mill	\$ \$15,546.00
---	----------------------------	-----------------------

Road Bowie, MD
20721 Prince Georges
County
Value per zillow.com
(Property was
previously designated
as 12807 Contee
Manor Road,

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Does the creditor have a lien on your property?

- | | | |
|-------------------------------------|--|--------------------------|
| <input type="checkbox"/> | No | |
| <input checked="" type="checkbox"/> | Yes. Total claim (secured and unsecured) | \$ <u>1,250,000.00</u> |
| | Value of security: | - \$ <u>1,234,454.00</u> |
| | Unsecured claim | \$ <u>15,546.00</u> |

8

What is the nature of the claim?	3306 Waterford Mill	\$ \$13,877.73
---	----------------------------	-----------------------

Road Bowie, MD
20721 Prince Georges
County
Value per zillow.com
(Property was
previously designated
as 12807 Contee

Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (if known) **19-14883**

**Prince George's County
 c/o Meyers, Rodbell &
 Rosenbaum, PA
 6801 Kenilworth Avenue, Suite
 400
 Riverdale, MD 20737**

Manor Road,**As of the date you file, the claim is:** Check all that apply

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Does the creditor have a lien on your property?

- No
- Yes. Total claim (secured and unsecured)

Contact	\$ \$13,877.73
Value of security:	- \$ \$1,234,454.00
Unsecured claim	\$ \$13,877.73

9

**Citibank N.A.
 PO Box 6500
 Sioux Falls, SD 57117**

What is the nature of the claim? Credit Card \$ \$13,056.13**As of the date you file, the claim is:** Check all that apply

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Does the creditor have a lien on your property?

- No
- Yes. Total claim (secured and unsecured)

Contact	\$ _____
Value of security:	- \$ _____
Unsecured claim	\$ _____

10

**Daniel Mangra
 5813 Silk Tree Drive
 Riverdale, MD 20737**

What is the nature of the claim? Personal Loan \$ \$12,000.00**As of the date you file, the claim is:** Check all that apply

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Does the creditor have a lien on your property?

- No
- Yes. Total claim (secured and unsecured)

Contact	\$ _____
Value of security:	- \$ _____
Unsecured claim	\$ _____

11

**Bankers Healthcare Group
 201 Solar Street
 Syracuse, NY 13204**

What is the nature of the claim? Credit Card \$ \$10,841.06**As of the date you file, the claim is:** Check all that apply

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Does the creditor have a lien on your property?

- No

Debtor 1 Divya Verma
 Debtor 2 Lolita Doodhauth Verma

Case number (if known) 19-14883

Contact _____	<input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____
Contact phone _____	Value of security: - \$ _____
	Unsecured claim \$ _____

12	What is the nature of the claim? <u>Accounting Services</u> \$ \$9,120.06 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply
<hr/>	
Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	
<hr/>	
13	What is the nature of the claim? <u>Credit Card</u> \$ \$8,659.05 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply
<hr/>	
Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	
<hr/>	
14	What is the nature of the claim? <u>Credit Card</u> \$ \$8,659.05 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply
<hr/>	
Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	
<hr/>	
15	What is the nature of the claim? <u>Credit Card</u> \$ \$7,610.69 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated

Debtor 1 **Divya Verma**
 Debtor 2 **Lolita Doodhauth Verma**

Case number (if known) **19-14883**

- Disputed
 None of the above apply

Does the creditor have a lien on your property?

- No
 Yes. Total claim (secured and unsecured) \$ _____
 Value of security: - \$ _____
 Unsecured claim \$ _____

16 Credit Card \$ **\$7,500.00**
What is the nature of the claim?

Neiman-Marcus
PO Box 729080
Dallas, TX 75372

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
 None of the above apply

Does the creditor have a lien on your property?

- No
 Yes. Total claim (secured and unsecured) \$ _____
 Value of security: - \$ _____
 Unsecured claim \$ _____

17 Unknown \$ **\$6,657.60**
What is the nature of the claim?

Greenway East Professional
Center
c/o Kathleen M. Elmore
PO Box 1473
Severna Park, MD 21146

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
 None of the above apply

Does the creditor have a lien on your property?

- No
 Yes. Total claim (secured and unsecured) \$ **\$6,657.60**
 Value of security: - \$ **\$0.00**
 Unsecured claim \$ **\$6,657.60**

18 Credit Card \$ **\$4,991.48**
What is the nature of the claim?

First Citizens Bank & Trust
Company
Attn: Bankruptcy Department
PO Box 25187
Raleigh, NC 27611-5187

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
 None of the above apply

Does the creditor have a lien on your property?

- No
 Yes. Total claim (secured and unsecured) \$ _____
 Value of security: - \$ _____
 Unsecured claim \$ _____

Debtor 1 Divya Verma
 Debtor 2 Lolita Doodhauth Verma

Case number (if known) 19-14883

19 Suntrust Bank 303 Peachtree St, N.E. Atlanta, GA 30308	<p>What is the nature of the claim? Credit Card \$ \$4,785.30</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply</p> <hr/> <p>Does the creditor have a lien on your property?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____</p>
<hr/> 20 DCH Answering SVC 7404 Executive Place #300B Lanham, MD 20706	
<p>What is the nature of the claim? Answering Service \$ \$4,258.18</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply</p> <hr/> <p>Does the creditor have a lien on your property?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____</p>	

Part 2: Sign Below

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X /s/ Divya Verma
Divya Verma
 Signature of Debtor 1

X /s/ Lolita Doodhauth Verma
Lolita Doodhauth Verma
 Signature of Debtor 2

Date May 8, 2019Date May 8, 2019